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It is recognized that the restoration of the unemployable and physically or mentally disabled to a state of employability is the common goal of both parties to this agreement. It is the intention of the two (2) participating agencies to coordinate their services and resources, by means of this agreement, to provide maximum benefits to Indiana's handicapped citizens in such a manner as to facilitate the attainment of this common goal. It is not the intent of this agreement to supersede the already existing cooperative agreement between these same two (2) agencies pertaining to the Work Incentive Program. Policies and procedures outlined in that agreement will continue to insure the coordination of the Work Incentive Program and the Vocational Rehabilitation Program.

Responsibilities of the State Department of Public Welfare

The Indiana State Department of Public Welfare is the single state agency responsible for the administration of the Indiana Medicaid Program under the provisions of IC 12-1-7-16 and Title XIX of the Social Security Act.

Each County Department of Public Welfare, under the supervision of the Indiana State Department of Public Welfare, will have the sole responsibility for the determination of eligibility for all Medicaid applicants.

The Department of Public Welfare will provide medical services to all eligible recipients in a manner consistent with the Medicaid State Plan and current Medicaid Program statutes and rules. The Medicaid Division of the Indiana Department of Public Welfare reserves the right to determine the need for such services through its prior review and authorization procedures.

Each Medicaid recipient will be assigned a local social service worker who will conduct appropriate casework activities consistent with the Medicaid State Plan. Such casework activity is to include referral to the Indiana Rehabilitation Services, Division of Vocational Rehabilitation for any Medicaid recipient who could potentially benefit from Vocational Rehabilitation Services. Persons who would likely meet the following criteria should be referred to the nearest Vocational Rehabilitation Office:

1. possess a physical or mental disability;
2. such disability will substantially interfere with, prevent or is likely to prevent employment; and,
3. there is reason to believe that, through Vocational Rehabilitation Services employability could be substantially improved.

The local social service caseworker will work directly with the local Vocational Rehabilitation counselor assigned to the recipient in order to coordinate each agency's planning and services as appropriate, so as to prevent duplication of services and to maximize the benefits provided to the recipient/client.

The Indiana State Department of Public Welfare agrees to designate a liaison who will work cooperatively with the Vocational Rehabilitation liaison in order to insure the effective operation and improvement of this cooperative relationship.

Responsibilities of the Indiana Rehabilitation Services
Division of Vocational Rehabilitation

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Indiana Rehabilitation Services is the single state agency responsible for the administration of the Vocational Rehabilitation Program in Indiana under the provisions of IC 16-7-3.5-1.

The Division of Vocational Rehabilitation will have the sole responsibility of determining the eligibility of all Vocational Rehabilitation applicants. The Division of Vocational Rehabilitation will provide vocational rehabilitation services to eligible persons consistent with the agency's mission, State Plan, and current program guidelines. The Division of Vocational Rehabilitation, through collaboration with the client and other professionals, will determine what vocational rehabilitation services are required and the manner of service provision.

Each client will be assigned a Vocational Rehabilitation counselor who will conduct appropriate vocational rehabilitation case-management services, including referral to the Department of Public Welfare of any clients who may be eligible for and benefit from services available through that agency, including Medicaid services. Vocational Rehabilitation counselors will utilize the screening criteria and referral procedures listed in the Vocational Rehabilitation Similar Benefits Directory in order to identify those VR clients who may be potentially eligible for Medicaid or other Department of Public Welfare services.

The local Vocational Rehabilitation counselor will be responsible for working directly with County Department of Public Welfare caseworkers in order to share information, coordinate planning and services as appropriate so as to prevent duplication of services, and to maximize the benefits received by mutual recipients/clients.

Indiana Rehabilitation Services, Division of Vocational Rehabilitation, agrees to designate a liaison who will work cooperatively with the counterpart from the Indiana State Department of Public Welfare in order to insure the effective operation and improvement of this cooperative relationship.

Review and Evaluation

This cooperative agreement will be reviewed periodically as requested by either of the two (2) participating agencies. Revisions to the agreement must be made, in writing, by mutual consent of the two (2) parties.

Both participating agencies may request a statistical report (as is available) from the other concerning the operation of the cooperative effort.

This agreement is effective upon signature of the parties.

Donald L. Blinzinger

Donald L. Blinzinger
Administrator

Indiana State Department of Public Welfare

4-3-82

Date

Wendell J. Walls

Wendell J. Walls
State Director

Indiana Rehabilitation Services

3-25-82

Date

RD Approved *5-27-82* Effective *4-3-82*

MEMORANDUM OF UNDERSTANDING
BETWEEN
INDIANA STATE DEPARTMENT OF HEALTH
AND
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

This Agreement is made and entered into by and between the Indiana State Department of Health, hereinafter referred to as ISDH, and the Indiana Family and Social Services Administration, hereinafter referred to as IFSSA, specifically the Office of Medicaid Policy and Planning and Division of Family and Children.

WHEREAS, ISDH and IFSSA enter into a Memorandum of Understanding for the intent and purpose to promote high quality health care and services for recipients under the Medicaid Program; to comply with state and federal statutes, regulations and guidelines requiring the proper expenditures of public funds for the administration of the Medicaid Program including but not limited to Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

WHEREAS, the ISDH is the State government agency responsible for administering the Title V program that includes Maternal and Child Health Services (MCH) and the Children's Special Health Care Services (CSHCS); and the Supplemental Food Program for Women, Infants, and Children (WIC) in Indiana.

WHEREAS, it is the desire of the ISDH to enter into memoranda of understanding with other agencies for the purpose of obtaining assurance to deliver maternal and child health services, nutritional services, and services for children with special health care needs.

WITNESSETH, in consideration of the mutual promises herein contained, the ISDH and IFSSA have agreed and do hereby enter into this cooperative agreement according to the provisions set out herein:

I. Scope of Services

ISDH agrees to:

A. Coordination

1. Refer MCH, CSHCS, and WIC program participants who may be eligible for Medicaid to the nearest county office of the Division of Family and Children and inform participants of the current hours of service.
2. Coordinate activities with the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) (Healthwatch) Program under Section 1905(a)(B)(Social Security Act) and other Medicaid program initiatives to ensure that the ISDH carries out Title V programs without duplicating efforts.

These activities shall include: the development of policies, similar periodicity schedules, special programs, and provision of outreach services.

3. Review with Medicaid the periodicity schedules and content standards for health care services including EPSDT.
4. Provide care coordination services and access to CSHCN program's approved providers, and Regional Diagnostic and Treatment Centers to children dually enrolled in Medicaid and the CSHCS program.
5. Facilitate on-site Medicaid eligibility determinations in WIC and Title V sites.
6. Facilitate administrative support of on-site placement of Medicaid staff and/or training of local provider staff including MCH, WIC, and CSHCS program staff to determine Medicaid eligibility or refer clients to the county office of the Division of Family and Children.
7. Mandate that qualified Title V funded MCH providers delivering health services, be Medicaid providers and participate in the EPSDT (Healthwatch) program.
8. Inform local MCH, WIC, and CSHCS offices of this Agreement and of the responsibilities of the local program staff affected by this Agreement.

B. Outreach

1. Develop outreach materials with input from IFSSA that promote information about the Medicaid/EPSDT program, the toll-free Helpline number, and information concerning sources of health care financing options for children with long-term special health care needs.
2. Maintain the toll-free telephone number (Indiana Family Helpline, and TTY/TDD) to provide information about relevant health and social services including services funded through Social Services Block Grant, Title V, WIC, and Title XIX.
3. Incorporate Medicaid/EPSDT (Healthwatch) providers into the data base of information for the toll-free Helpline no less frequently than on a quarterly basis.
4. Provide outreach materials to IFSSA, the Division of Family and Children and the Office of Medicaid Policy and Planning for dissemination to the county offices of the Division of Family and Children.

5. Provide the addresses, telephone numbers, and hours of service of the local WIC clinics, MCH clinics, the CSHCS treatment centers, and immunization service sites to IFSSA, Division of Family and Children and the Office of Medicaid Policy and Planning no less frequently than on a quarterly basis.

C. Data Collection and Transmittal

1. Cross match, through the WIC Data System, computerized participant files from Medicaid and WIC to generate a monthly list of newly enrolled Medicaid prenatal clients and children under 5 years of age who are not on the WIC Program to increase outreach efforts.
2. Provide Office of Medicaid Policy and Planning with data and information on Indiana population-based health care assessments on access, health status and progress in meeting the Department of Health and Human Services' Healthy People 2000: National Health Promotion and Disease Prevention Objectives; annually or as frequently as they are available.

IFSSA agrees to:

A. Coordination

1. Refer appropriate Medicaid applicants in each county office of the Division of Family and Children to WIC Services, Title V funded or non-Title V funded providers of maternal and child health services, Children's Special Health Care Services, and immunization services.
2. Accept referrals of persons from Title V funded and non-Title V funded MCH providers and process applications for persons who are referred, enroll applicants in the Medicaid payment system who are found to be eligible, and redetermine Medicaid eligibility, via the county offices of the Division of Family and Children.
3. Accept and process applications for the Children's Special Health Care Services Program.
4. Provide for enrollment of qualified Title V funded and non-Title V funded MCH providers as Medicaid providers.
5. Provide ISDH with a copy of provider bulletins, a provider manual, and an updated list as issued of enrolled Medicaid and EPSDT (Healthwatch) providers no less frequently than on a quarterly basis.

6. Inform the county office of the Division of Family and Children of the establishment of this Agreement and of the responsibilities of the county department personnel as affected by this agreement.

B. Outreach

1. Disseminate MCH, CSHCS, WIC and immunization outreach materials to the Division of Family and Children's county offices and the Office of Medicaid Policy and Planning.

C. Data Collection and Transmittal

1. Provide ISDH with demographic data and program activity summary on prenatal, EPSDT (Healthwatch) eligible, and persons served by IFSSA, necessary to fulfill Title V federal reporting requirements and to track MCH-related U.S. Department of Health and Human Services Healthy People 2000: Health Promotion and Disease Prevention Objectives within time frames established by the ISDH and IFSSA.
2. Make available each month to the WIC contracted computer firm the names of pregnant women and children under age five newly certified for Medicaid to be used for outreach and eligibility determination.
3. Share information and collaborate to develop a process to make available each month the names of children enrolled in the Medicaid Program who are also CSHCS recipients.

ISDH and IFSSA mutually agree to:

A. Coordination

1. Work collaboratively to improve the availability and quality of comprehensive health care and nutritional services provided for women, infants, children, adolescents, and families from both agencies.
2. Assist and promote information to resolve issues relating to provider relations, client eligibility, or reimbursement.
3. Share and review results of any study or analysis based on shared Medicaid, Title V, or WIC participant data on shared clientele with designated staffs prior to release, within mutually acceptable time frames.

4. Provide jointly developed training sessions for the purpose of implementing this Agreement and promoting high quality health and medical services for eligible families.
5. Meet on a regular basis to institute common standards of care to be used by WIC, Title V, and Title XIX, including but not limited to EPSDT, and document results and progress of meetings.
6. Meet on a regular basis for the purpose of evaluating and exploring other alternatives for increasing cooperation, maximizing resources and services delivery, and exchanging data. Document progress and results of meetings.
7. Assure that Title XIX, Title V services and WIC services are consistent with the needs of participants and the three programs' objectives and requirements.
8. Work collaboratively in the development and implementation of Medicaid managed care arrangements for clients receiving Title V services including pregnant women, children, adolescents or children with special health care needs.

B. Data Collection and Transmittal

1. Assign specific agency designees to accept and coordinate all data requests from each respective agency.
2. Work collaboratively by jointly providing necessary client data files on a mutually acceptable schedule to facilitate client care administration and to permit matching of population-based and other programmatic data files for evaluation purposes.
3. Be in compliance with applicable state and federal laws regarding confidentiality of participant information.
4. Assure that each program will restrict the use or disclosure of information obtained from program applicants or participants to persons directly connected with the administration and enforcement of the respective program and the Comptroller General of the United States for audit and examination authorized by law.

II. Essential Terms and Conditions

A. Liaison Responsibilities:

The State Health Commissioner and the Secretary of Family and Social Services Administration shall designate appropriate liaison persons whose responsibilities shall include regular and periodic communication about the programs and operations described in the Agreement.

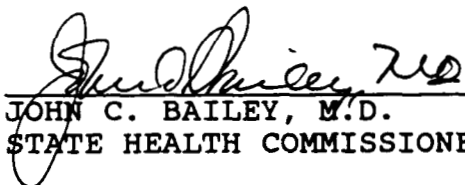
The liaison persons shall be responsible for the joint planning of relationships between the two agencies. They shall oversee the investigation of any problems that arise from the operation of the Agreement. They shall cause to be undertaken annually a review of the effectiveness of the working relationship defined in this agreement, and shall initiate jointly any amendments to the Agreement.

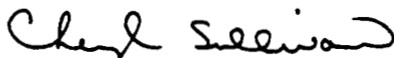
B. Amendment and Termination:

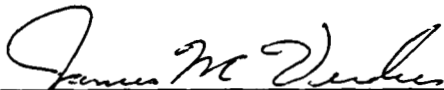
This cooperative agreement may be modified only by written amendment executed by the parties hereto and approved by the appropriate state official(s). This cooperative agreement may be terminated by either party through written notice to the other, at least 30 days before the effective date of such termination.


C. Agreement Period:

The term of this Agreement shall begin on the first day of July, 1993, and will continue thereafter until termination by either party upon 30 days advance written notice to the other.


JOHN C. BAILEY, M.D.
STATE HEALTH COMMISSIONER


CHERYL SULLIVAN, SECRETARY
FAMILY & SOCIAL SERVICES
ADMINISTRATION


JAMES VERDIER, ASSISTANT SECRETARY
OFFICE OF MEDICAID POLICY AND
PLANNING


JAMES HMUROVICH, DIRECTOR
DIVISION OF FAMILY AND CHILDREN

State of Indiana

Attachment 4.16-A
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ATTACHMENT 4.16-A
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INDIANAPOLIS

STATE BOARD OF HEALTH
AN EQUAL OPPORTUNITY EMPLOYER

June 7, 1982

Address Reply to:
Indiana State Board of Health
1330 West Michigan Street
P.O. Box 1964
Indianapolis, IN 46206

Donald L. Blinzinger, Administrator
Department of Public Welfare
100 North Senate Avenue - Room 701
Indianapolis, Indiana 46204

Dear Mr. Blinzinger:

Enclosed please find the signed Title V - Title XIX Interagency Agreement between the State Department of Public Welfare and the State Board of Health. The revisions you proposed are accepted.

Ted Danielson, M.D., Director of the Division of Maternal and Child Health, is assigned to work with your representative to implement this agreement. He may be contacted at telephone number 633-8449.

We look forward to working with you and your staff to implement this agreement in an effort to improve the care and services provided by the Title V and Title XIX program to the citizens of Indiana.

Sincerely,


RONALD G. BLANKENBAKER, M.D.
STATE HEALTH COMMISSIONER
INDIANA STATE BOARD OF HEALTH

Enclosure

RECEIVED
ADMINISTRATOR
STATE DEPT.
PUBLIC WELFARE
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